

## Attachment 2 - ROP Performance Metrics

The reactor oversight process (ROP) development model presented in SECY-99-007, "Recommendations for Reactor Oversight Process Improvements," dated January 8, 1999, included an ongoing self-assessment process that would utilize objective measures and pre-determined criteria to monitor the performance of the ROP. The metrics contained in this attachment rely on information from various sources, including the reactor program system (RPS), the inspection program, periodic independent audits, stakeholder surveys, and public comment. Metrics have been developed to monitor each major component of the ROP, as well as metrics of a more general nature intended to gauge overall ROP performance.

The metrics included in this attachment cover data through September 30, 2001. With the exception of stakeholder surveys, FRN responses, and some audit results, data is collected quarterly. Stakeholder surveys and FRNs will be issued periodically, as appropriate. Also, periodic equipment trending reports issued by RES are reviewed to identify additional insights into ROP performance.

The data are compared to specific, pre-established criteria and an analysis is conducted. In most cases, success is currently defined as an improving trend. Quantitative success criteria for many of the performance metrics could not be developed, because of the newness of the ROP and the resultant lack of data needed to establish thresholds. For these metrics, baseline data was collected and will be used to monitor trends and establish thresholds in the future, as appropriate.

Data were not available for all of the metrics. A table on the following page describes those metrics not counted for this report.

ROP PROGRAM AREA	OBJECTIVE	RISK-INFORMED	UNDERSTAND-ABLE	PREDICTABLE	MAINTAINS SAFETY	EFFECTIVE, EFFICIENT, REALISTIC	ENHANCES PUBLIC CONFIDENCE	REDUCES UNNECESSARY REGULATORY BURDEN
Performance Indicators	1 of 1	1 of 1	1 of 1	1 of 1	1 of 1	2 of 2	1 of 1	None
Inspection	1 of 1	2 of 2	2 of 2	2 of 2	2 of 2	3 of 3	2 of 2	1 of 1
Significance Determination Process	2 of 2	3 of 3	0 of 2	1 of 1	1 of 2	2 of 3	2 of 4	1 of 1
Assessment	2 of 2	2 of 2	3 of 3	2 of 2	2 of 2	4 of 4	3 of 3	1 of 1
Overall ROP	None	None	None	None	None	1 of 1	None	None

The representation “x of y” in each column indicates how many metrics met the related criteria in each category. For example, the “2 of 2” in the Objective column for Assessment program area means that both of the metrics used to measure the objectivity of the assessment process have met their established criteria. The shaded cells highlight those areas in which one or more metrics have not met their established criteria.

The following metrics were not measured for this end-of-year report:

Area	Metric	Reason Not Measured
Performance Indicators	PI-4	External comments discussed in Commission paper; internal survey not taken.
	PI-6	External comments discussed in Commission paper; internal survey not taken.
	PI-7	External comments discussed in Commission paper.
	PI-8	External comments discussed in Commission paper.
Inspection	IP-4	Metric not yet producing usable information, still under development.
	IP-11	Survey of internal stakeholders not taken for this ROP cycle.
Significance Determination Process	SDP-2	Evaluation of audit of inspection findings not completed.
	SDP-5	Survey of internal stakeholders not taken for this ROP cycle.
	SDP-7	External comments discussed in Commission paper.
	SDP-9	New metric, no data yet available.

Area	Metric	Reason Not Measured
Assessment	AS-9	Survey of internal stakeholders not taken for this ROP cycle.
	AS-10	External comments discussed in Commission paper; internal survey not taken.
ROP Overall	O-1 thru O-8	External comments discussed in Commission paper; internal stakeholder survey not taken.
	O-9	Analysis of event responses not completed for 2001.
	O-10	Analysis of significant events not completed for 2001.
	O-11	External comments discussed in Commission paper.
	O-12	Survey of internal stakeholders not taken for this ROP cycle.
	O-14 thru O-19	External comments discussed in Commission paper.

In a November 2001 *Federal Register* notice, the NRC solicited comments from the public on specific questions relating to the ROP. The resulting comments received are discussed in the ROP end-of-year Commission paper. The staff did not survey internal stakeholders during this ROP cycle (April–December 2001), but plans to take a survey in the fall of 2003.

The only measured parameters that did not meet their related criteria were in the Significance Determination Process (SDP). Of the nine metrics counted, three did not meet their established criteria. The three metrics indicate problems with the understandability and effectiveness of the SDP, the ability of the SDP to maintain safety and enhance public confidence, and the ability of the SDP to accurately communicate the results of the NRC's assessment of significance to the public.

The analyses of the metrics in the other program areas provided some insights into each of the areas, some of which need improvement.

#### Performance Indicator Program

Although the number of reporting discrepancies that were significant enough to cause a performance indicator (PI) to cross a threshold remains very low (only three since the inception of the ROP in 2000), the three instances all relate to uncounted unavailability time. The staff formed a task force to resolve issues regarding the safety system unavailability indicators. Proposed

changes will remove treatment of fault exposure time from the safety system unavailability indicators, made possible because of the development of a reliability indicator that focuses on the availability of system trains to meet their safety functions in lieu of design basis functions, and risk-inform the green/white threshold for the indicators. This approach will create new indicators that are more risk-informed, and treat unavailability and reliability consistently between the ROP, Maintenance Rule, WANO, and PRA.

The declining trend in frequently asked questions on PI interpretations indicates that licensees are developing a better understanding and are having fewer problems collecting and reporting the indicators.

### Inspection Program

Although conformance with requirements for documenting inspection findings continues to improve, the NRC staff still needs further improvement in documenting the basis for findings. Many inspection reports did not clearly describe the reasons why green findings had any significance. To address this concern, and to make other improvements in inspection reports, the staff has developed a newly revised manual chapter for reactor inspection reports (IMC 0612). This manual chapter, when issued, will clarify the threshold logic for determining whether an issue should be documented, and will include specific examples of acceptable documentation.

Counting the number of feedback forms received for each associated program document indicates that those using the ROP have concerns about performance indicators, the significance determination process, and documenting findings. The feedback forms received against Inspection Manual Chapter 0608, Performance Indicator Program were primarily related to interpretations of the industry's guidance (Nuclear Energy Institute [NEI] NEI 99-02, "Regulatory Assessment Performance Indicator Guideline"). The majority of the feedback forms had already been submitted by a licensee through the NRC's frequently asked question (FAQ) process for performance indicators.

As noted above, the guidance for documenting inspection findings is being revised and will be issued shortly. The NRR staff continues to improve the usefulness of the significance determination processes.

### Significance Determination Process

The three metrics that did not meet their established criteria were accurate SDP notebooks (SDP-6), SDP timeliness (SDP-10), and accurate results communicated to the public (SDP-12). The first two metrics point to SDP weaknesses of which the staff has been aware and are being addressed by an SDP improvement plan. Those weaknesses include several notebooks that don't properly characterize plant systems or equipment, and untimely determination of significance for findings that are potentially greater than green.

The third weakness, accuracy of results communicated to the public, resulted from two distinct causes. About half of the inaccuracies were preliminarily significant issues that were incorrectly identified in their respective inspection reports by a significance color, which was then entered into the plant issues matrix (PIM) portion of the Reactor Program System database and made available on the NRC's external Web site. The other inaccuracies resulted from improperly updating the PIM entries after a final significance determination was made, which meant that the description still identified the issue as "preliminarily significant." As a result, the four NRC

regions and NRR's Inspection Program Branch (IIPB) have increased the frequency with which they review the data in the PIM and on the Web site.

#### Assessment Program

There were no deviations from the Action Matrix during this assessment period.

A few assessment program letters were not signed by the level of management specified in the program. In other respects, the letters met program requirements. The guidance was clarified in the program document just before the beginning of the 2001 ROP cycle.

The national average for the time between an assessment letter and completion of any associated supplemental inspection shows a positive trend over the last 5 calendar quarters.

#### Overall ROP

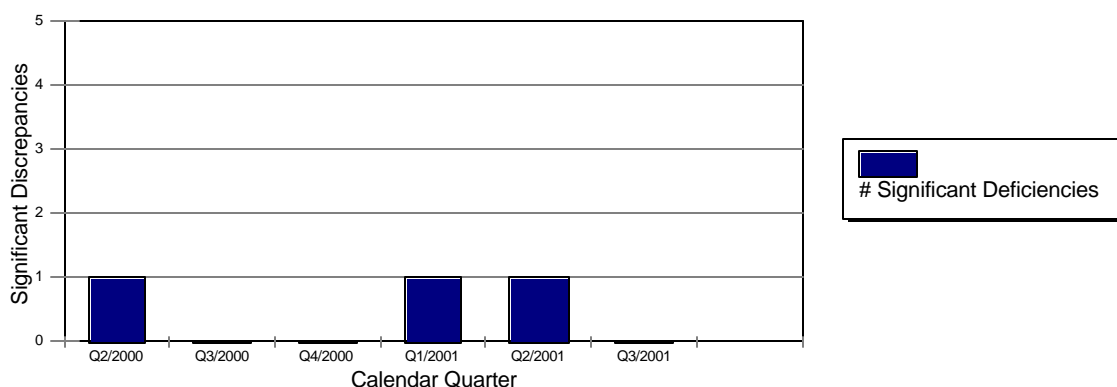
The metrics for overall assessment of the ROP are primarily based on surveys or solicited comments from internal and external stakeholders. Internal stakeholders were not surveyed during the shortened 2001 ROP cycle, but the staff plans to survey the inspectors in fiscal year 2003. The staff also did not receive comments from external stakeholders in response to a November 2001 *Federal Register* notice in time to analyze them for the ROP self-assessment metrics report, which forms the basis for this SECY attachment and has already been issued. However, those comments are discussed in another attachment to this Commission paper.

## PI-1 (OP1a) Consistent Results Given Same Guidance

**Definition:** Independently verify PIs using IP 71151, "PI Verification." Count all PIs that cross a threshold because of significant discrepancies. If a significant discrepancy is identified, it should be recorded in the inspection report and PIM. Regions report quarterly to IIPB across all PIs.

**Criteria:** Expect a threshold of 1. Use the first year of data as a benchmark for future comparison and to establish acceptable range of variability.

**Lead:** Regions



**Comments:** The graph represents the number of significant discrepancies reported during each quarter of the given calendar year. Significant discrepancies are defined as reporting discrepancies that would have caused the PI to cross a threshold that the licensee missed, but the NRC identified during a PI verification inspection.

**Analysis:** The number of discrepancies remains very low. Two significant deficiencies (in Q1 and Q2 of 2001) were identified through PI verification inspections (IP 71151) conducted in 2001. These discrepancies occurred at two different plants.

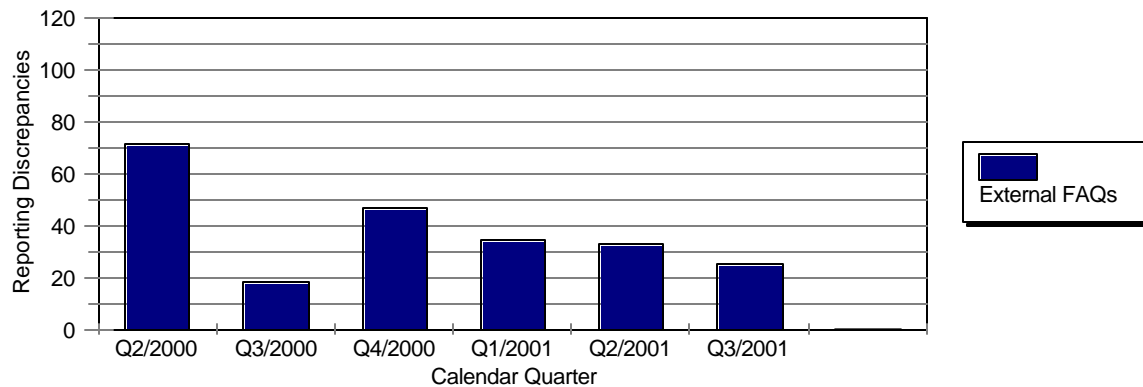
When all data, starting with the full implementation of the ROP, is taken into account, this reflects a stable trend. All of the discrepancies occurred in the PI area of unavailability because the licensees fail to count unavailability hours when they should. These PIs have been identified as problematic, and the staff has formed a safety system unavailability (SSU) task force to resolve issues regarding the unavailability PIs.

## PI-2 (OP1b) Questions Regarding Interpretation of PI Guidance

**Definition:** Quarterly, count the number of frequently asked questions (FAQs).

**Criteria:** Expect low numbers (but not as low as metric PI-1), with a stable or decreasing trend.

**Lead:** IIPB



**Comments:** The graph represents the combined number of new and approved FAQs introduced at the ROP Working Group during each quarter of the calendar year.

**Analysis:** Reporting discrepancies trended downward since the beginning of ROP implementation. Most of the FAQs were related to the mitigating systems cornerstone indicator of unavailability. The number of FAQs regarding interpretation of PI guidance decreased as licensees better understood the PI Program and guidelines. However, when the PI guidance is revised, there tends to be an increase in the number of FAQs generated (which corresponds to licensees gaining an understanding of the new guidance).

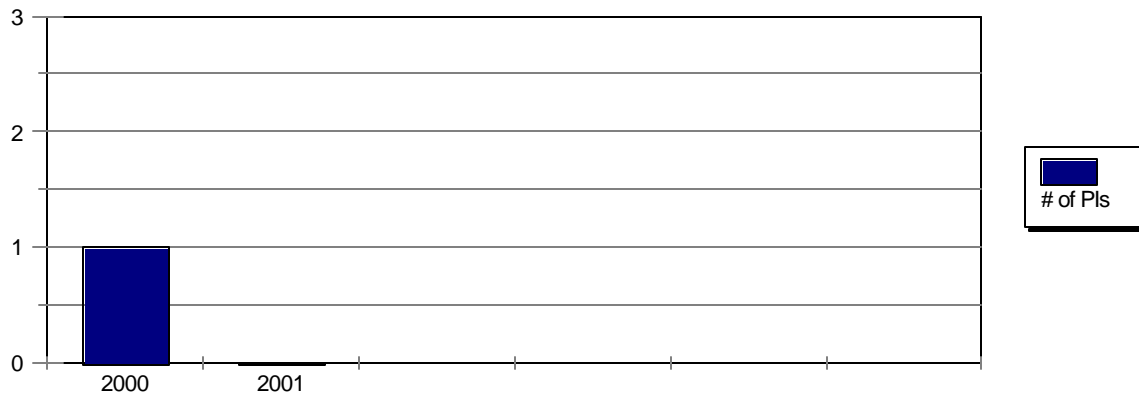
The staff formed an SSU task force to resolve short- and long-term issues associated with the SSU indicators. The task force, which is comprised of internal and external stakeholders, has proposed an unreliability indicator, which will be pilot tested in Summer/Fall of 2002.

### PI-3 (MP1a) Timely Indication of Declining Safety Performance

**Definition:** Quarterly, track PIs that cross multiple thresholds (e.g., green to yellow or red). Evaluate and characterize these results to allow timely indication of declining performance.

**Criteria:** Expect low numbers (near zero).

**Lead:** IIPB



**Analysis:** There were no instances in which PIs crossed multiple thresholds in 2001.

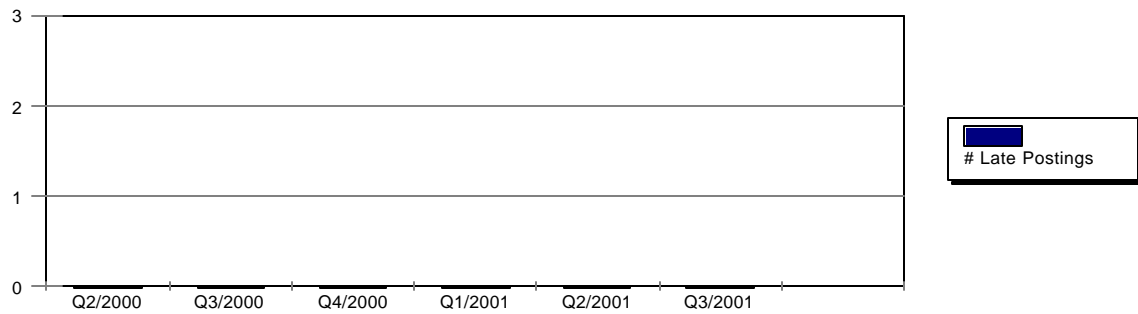
For the given parameters that have been included in the PIs, the PIs appear to provide timely indication of declining performance.

## PI-5 (EP2a) Timely PI Data Reporting

**Definition:** Within 5 weeks after the end of each calendar quarter, track (count) late PI postings on the NRC's external Web site.

**Criteria:** Expect a low number (near zero) of late PI postings on the NRC's external Web site.

**Lead:** IIPB



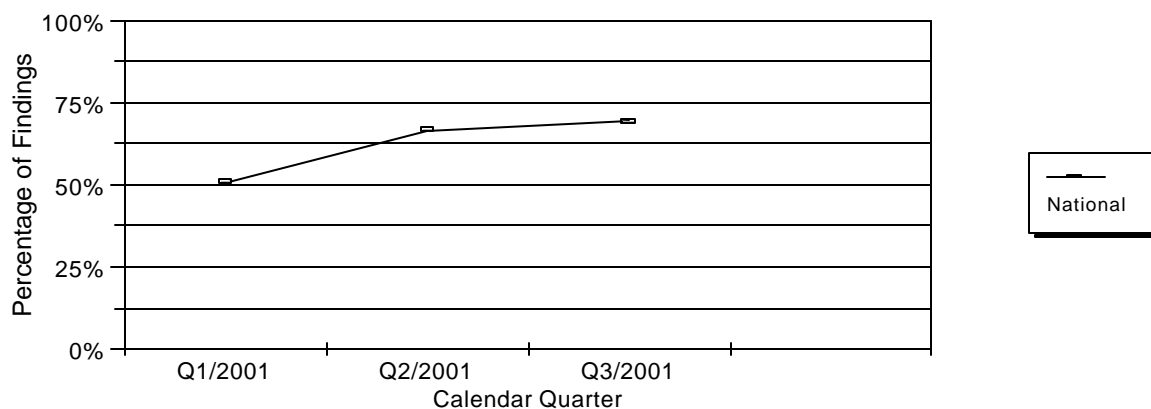
**Analysis:** There have been no late PI data submissions since the inception of the ROP.

## IP-1 (OI1a) Percentage of Inspection Findings IAW Requirements

**Definition:** Audit inspection reports in relation to program requirements (IMC 0610\*) for documenting green findings, greater-than-green findings, and violations, and report the percentage of findings that meet the program requirements. Each year, audit all team reports, one resident/consolidated report from each plant, 25 percent of all other baseline reports, and all non-baseline inspection reports.

**Criteria:** Expect an improving trend in the percentage of findings documented in accordance with program requirements.

**Lead:** IIPB



**Analysis:** For 2001, IIPB audited a total of 102 reports representing a total of 141 findings (128 green or greater and 13 no color). During the third quarter of 2001 (July–September), IIPB audited 50 inspection reports that documented a total of 65 findings (57 green or greater and 8 no color). The percentage of total findings that conformed to IMC 0610\* requirements increased slightly in this quarter from 67 percent to 69 percent, indicating an improving trend. Documenting the bases for significance of findings is still the area that is most in need of improvement. These results are consistent with audits conducted in 1995 and 1998, which found that 60–80 percent of substantive findings were adequately supported in inspection reports, and that 60 percent of noncited violations were properly specified.

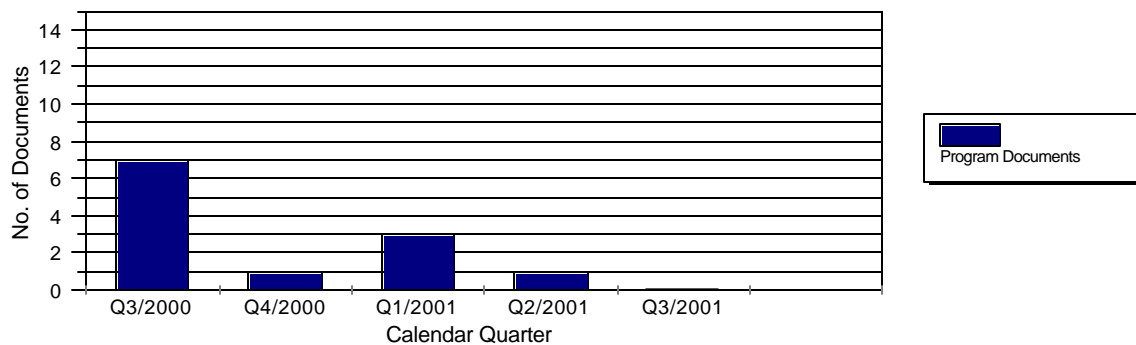
A newly revised version of the inspection reporting manual chapter (renumbered as IMC 0612) will be issued for use in 2002. The revision more clearly describes and illustrates how to properly document findings.

**IP-2 (RI3.a) Number of Baseline Inspection Procedures Significantly Changed**

**Definition:** Review all issued changes to baseline inspection procedures and count those documents that have their scope or frequency of inspection changed, and count new inspectable areas that relate to risk-informing the inspection.

**Criteria:** Expect relatively few significant changes, with a stable or declining trend.

**Lead :** IIPB



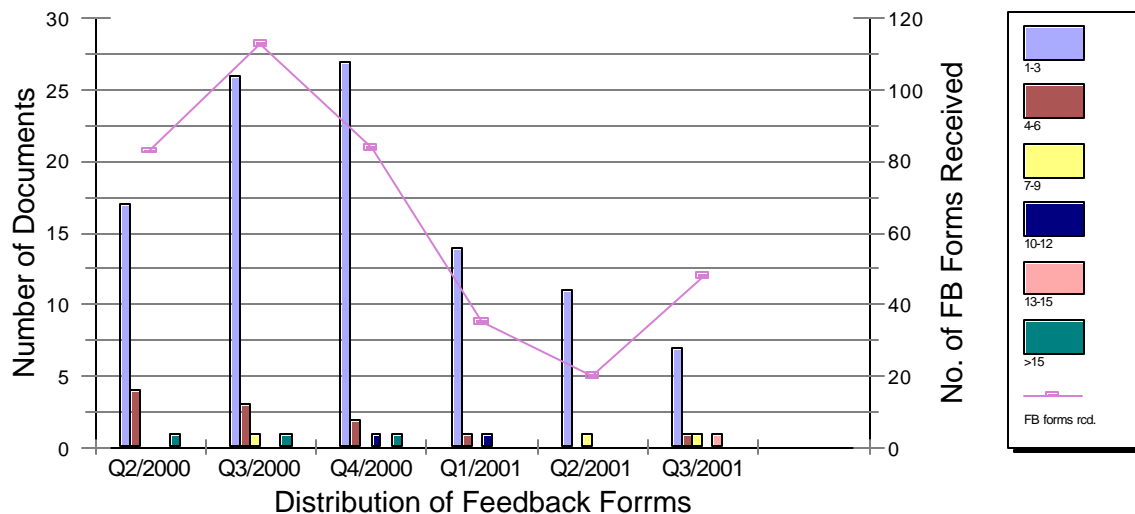
**Analysis:** The baseline inspection program encompasses 45 procedures in. Of those 45, none were revised in the third quarter of 2001 in a way that would change the scope or frequency of inspection. The number of revisions has steadily decreased over the year. The staff recognizes, however, that revisions to quite a few procedures were issued early in 2002 to incorporate lessons learned from the initial year of ROP implementation and feedback from inspectors.

### IP-3 (UI1a) Number of Feedback Forms per Document

**Definition:** Count the number of feedback forms received for each program document each quarter. Use a histogram to chart the number of documents for which feedback forms were received. Highlight those documents against which the most forms are written.

**Criteria:** Expect a decreasing trend in the number of feedback forms received for program documents.

**Lead:** IIPB



**Analysis:** The distribution indicates that the overall trend is toward fewer feedback forms, although the number jumped in the third quarter of 2001. The staff attributes the general trend in fewer feedback forms to greater familiarity with the program by the inspection staff and to a dissatisfaction with the earlier feedback process, which was not very responsive the inspectors' comments. The program documents that generated the most forms over the past 18 months are IMC 0608, "Performance Indicator Program," with 98 feedback forms; IMC 0609, "Significance Determination Process [SDP]," and its various attachments with 63 feedback forms; IMC 0610\*, "Reactor Inspection Reports," with 49 feedback forms; and Inspection Procedure 71151, "Performance Indicator Verification," with 15 feedback forms. The three program documents that generated the most feedback forms during the third quarter of 2001 were IMC 0610\* with 13 feedback forms, IMC 0609 and its attachments with 14 feedback forms, and IMC 0608 with 9 feedback forms.

A large percentage of the feedback forms for IMC 0608 documented questions and issues regarding the interpretation of NEI 99-02, "Regulatory Assessment Performance Indicator Guideline," and were either processed as frequently asked questions within the Performance Indicator Program or related to questions submitted by licensees. Their resolution may result in a change to the NEI guideline.

The SDPs continue to be problematic, and IIPB and the technical branches continue to improve them. Finalizing the plant-specific worksheets should resolve many of the previous concerns with the process.

To resolve many of the complaints and concerns raised by inspectors and the regions, IIPB has drafted a new inspection reporting directive, numbered IMC 0612. It consolidates into one document the guidance for determining if an inspection issue is important enough to document in an inspection report, simplifies the minimum threshold logic, and eliminates the “no color” findings by assigning a color to non-SDP issues with the concurrence of the inspector’s branch chief.

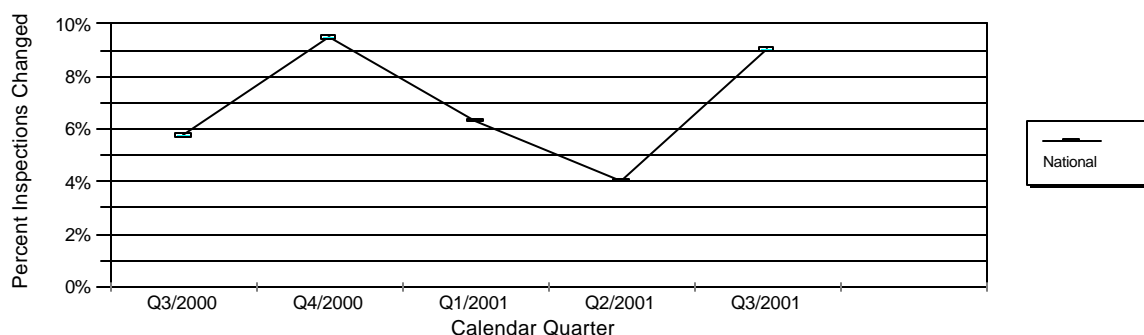
IIPB's feedback process, originated with the ROP, was perceived by the regions and inspectors as being ineffective and untimely. This perception may have been one contributing factor, along with a greater familiarity with a maturing program, to the large reduction in submitted feedback forms. IIPB improved its feedback process by resolving comments received more quickly and reducing the backlog of older feedback forms.

## IP-5 (PI1.c) Number of and Reasons for Schedule Changes

**Definition:** Track the number of scheduled inspections (excluding residents' activities), number of delays, and reasons for such delays. For team inspections (SSDI, Fire, PI&R), report any change in date. For smaller inspections, report only changes of more than 2 weeks. Categorize by reason for change such as needs of NRC (e.g., qualified inspectors not available, etc.), conflict with INPO, or request by plant to have key employees available. If reason is an unavailable inspector, identify the discipline or speciality area of inspection.

**Criteria:** Track and trend changes.

**Lead :** Regions



**Analysis:** For the third quarter of 2001 (second quarter of the 9-month 2001 ROP assessment period), a total of 277 inspections were scheduled, and 31 (about 11 percent) were rescheduled. Of those, 6 schedule changes (2 percent) were made to accommodate a licensee's request (regulatory impact). An additional 25 (9 percent) were changed for reasons other than regulatory impact. Almost half (11) of those changes were made because inspectors were unavailable for the originally scheduled dates. Another 10 changes were made in response to a change in a licensee's schedule or program. The last four changes were caused by our response to the terrorist attacks on September 11, 2001. However, these numbers do not reflect the cancellation of physical protection baseline inspections to address the security advisories following the attacks.

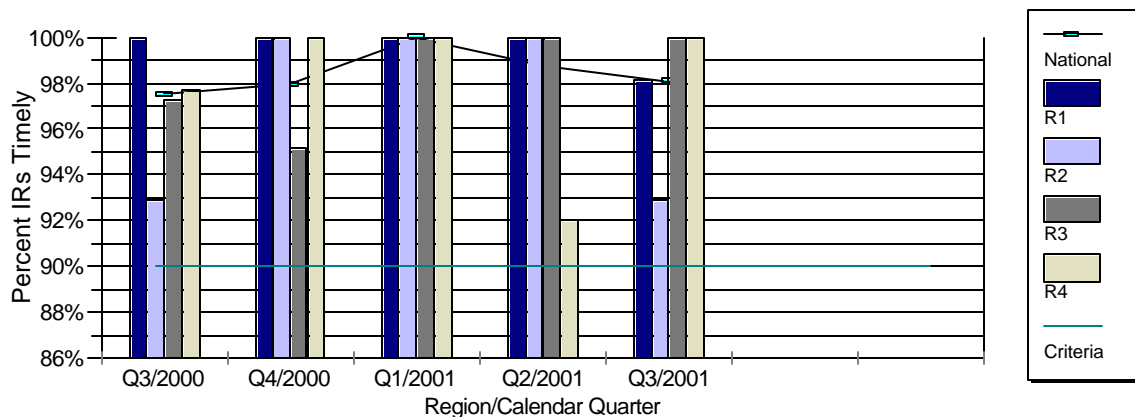
None of the changes were reported as being in response to a conflict with INPO schedules.

## IP-6 (EI3a) Inspection Reports are Timely

**Definition:** Obtain RPS data on the total number of reports issued and the number issued within timeliness goals (45 days for team and consolidated reports, 30 days for others).

**Criteria:** Expect 90 percent of inspection reports to be issued within program's timeliness goals.

**Lead:** Regions



**Analysis:** The graph reflects a total of 905 inspection reports that were issued from the third quarter of 2000 through the third quarter of 2001. Of these 199 were issued during the third quarter of 2000, 195 were issued during the fourth quarter of 2000 and again during the first quarter of 2001, 161 were issued during the second quarter of 2001, and 155 were issued during the third quarter of 2001.

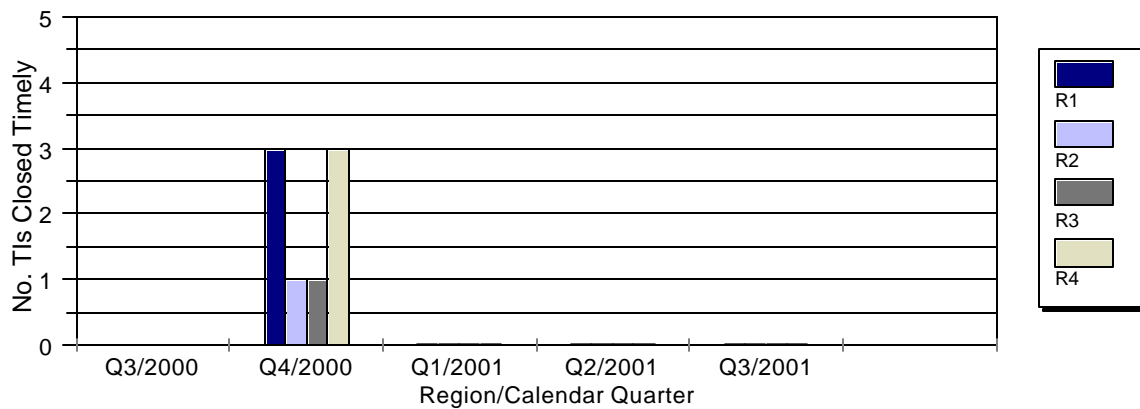
With few exceptions, these 905 inspection reports were issued within the timeliness goals set by the program. Only 3 reports issued during the third quarter of 2001 were not within the timeliness goals; that record represents better than 98 percent compliance nationwide.

### IP-7 (EI3.b) Temporary Instructions (TIs) are Completed Timely

**Definition:** Audit the time to complete TIs by region. Compare the completion status in RPS to TI requirements. Report by region the number of TIs closed within goals.

**Criteria:** Expect all TIs to be completed within TI requirements.

**Lead:** IIPB



**Analysis:** No TIs were completed during the third quarter of 2001. One TI expired on January 31, 2001 (2515/144, PI data), and was completed on time. Only one other TI is open (2515/145, CRDM cracking); it was issued on September 20, 2001, and is scheduled to expire 2 years from that date.

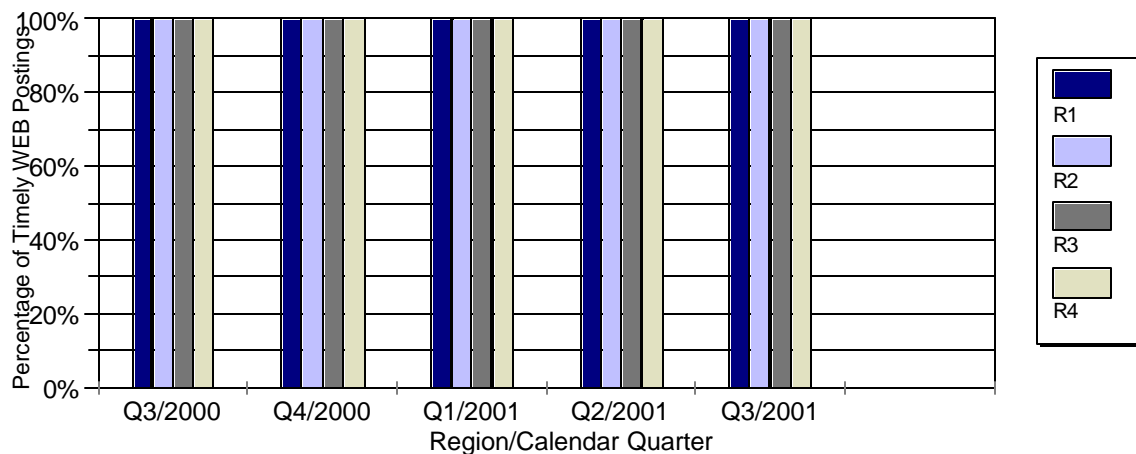
## IP-8 (CI1a) Public Communication Is Timely

**Definition:** IIPB posts inspection reports to the NRC's external (public) Web site within ROP timeliness goals using electronic version of inspection reports entered into ADAMS by the regions. IIPB also posts entries from the Plant Issues Matrix (PIM) to the NRC's public Web site using data entered into RPS by the regions. In addition, IIPB records the number of inspection reports not available in ADAMS and the number of PIM entries not updated in RPS, as well as the number of inspection reports and PIMs that are not posted to the NRC's public Web site within goals.

IIPB posts issued inspection reports from the previous quarter, using the electronic version in ADAMS, and the associated PIM entries from RPS to the NRC's public web site within 5 weeks after the end of each quarter. IIPB posts additional inspection reports and PIMs within 7 weeks after the end of each quarter to include all findings from the previous quarter.

**Criteria:** Expect few untimely postings of PIMs or inspection reports, with a declining or stable trend in untimely postings.

**Lead:** IIPB



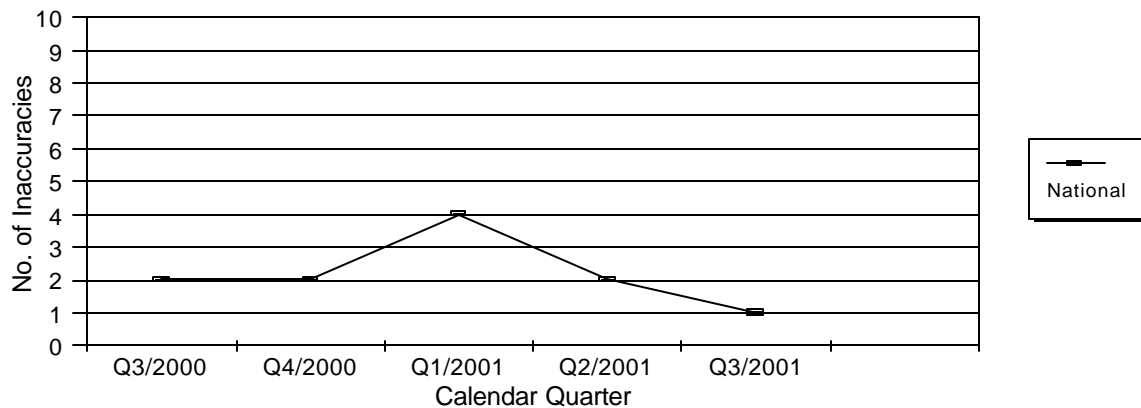
**Analysis:** Following the terrorist attacks on September 11, 2001, the ROP pages on the NRC's public Web site were disabled. However, the processes for updating the PIM and the Web pages were followed and all information was posted in a timely manner.

### IP-9 (CI1.b) Public Communication Is Accurate

**Definition:** Each calendar quarter, sample information on the NRC's external (public) Web site, collect the number of times and reasons for regions changing PIMs or inspection reports (accuracy, new information) within program requirements.

**Criteria:** Track and trend

**Lead:** IIPB, Regions



**Analysis:** Only one error or inaccuracy involving issued or posted inspection data was reported during the third quarter of 2001. Throughout the year the regions have issued more than 900 inspection reports and entered thousands of findings into the PIMs. Over the same period, the number of inaccuracies in that data has been very low.

**IP-10 (PI2a) Analysis of Inspection Hours**

**Definition:** Collect and analyze RPS data (number of samples, regular hours, overtime hours) for each inspection procedure (including Plant Status). Collect preparation and documentation time.

**Criteria:** (1) Expect no significant deviations, and explore reasons for such deviations.  
(2) Track and trend overtime for the baseline inspection program and the underlying reasons, and use first year data to establish a baseline.  
(3) Track and trend preparation, documentation, travel, and communication times to establish a baseline, and assess the effects on budgeted resources.

**Lead:** IIPB

**Comments:** See table 1 from main body of report.

**Analysis:** Only 60 to 80 percent of the baseline inspection program will be completed during the 2001 ROP cycle because the cycle is only 9 months long (April through December).

## **IP-12 (UI2a) Survey of Inspection Report Usefulness**

**Definition:** Survey external stakeholders, asking about the usefulness of inspection reports.

**Criteria:** Trend average level of agreement.

**Lead:** IIPB

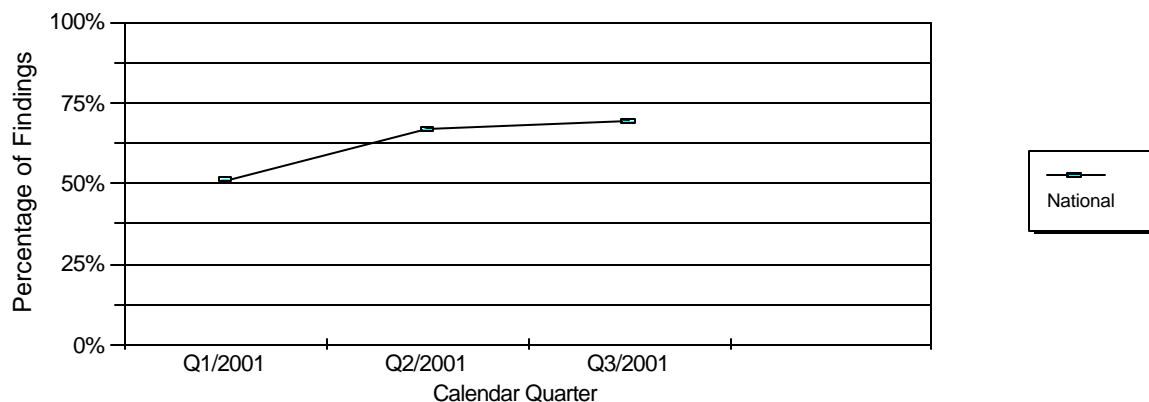
**Analysis:** Of the comments received in response to a November 2001 *Federal Register* notice, four answered the question about the usefulness of inspection reports. Those comments indicated that the responders are split on the question. Two answered the question “yes” with qualifications. The other two did not directly answer the question, but the staff interpreted their comments to be “no” answers. All of the responders indicated that the reports either include information they already know, or don’t provide all of the information that the responders would like. The comments from industry representatives indicated that the information on inspection results is already known to the licensee; the information that is not included in the report (i.e., observations, insights, and positive findings) that licensees find useful is provided during exit meetings with NRC inspectors, and the reports are more useful for public audiences. The one comment from a State official supported that view. That comment, from the State of Illinois, was that reports provide useful information on violations (and the staff extrapolates that to also include findings not related to violations), but the absence of observations below the level of findings makes them less informative.

### SDP-1 SDP Inspection Findings Documented IAW Procedural Standards. (See IP-1)

**Definition:** Audit inspection reports in relation to program requirements (IMC 0610\*) for documenting green findings, greater-than-green findings, and violations, and report the percentage of findings that meet the program requirements. Each year, audit all team reports, one resident/consolidated report from each plant, 25 percent of all other baseline reports, and all non-baseline inspection reports.

**Criteria:** Expect an improving trend in the percentage of findings documented in accordance with program requirements.

**Lead:** DIPM/IIPB(cross-disciplinary)



**Analysis:** For 2001, IIPB audited a total of 102 reports representing a total of 141 findings (128 green or greater and 13 no color). During the third quarter of 2001 (July–September), IIPB audited 50 inspection reports that documented a total of 65 findings (57 green or greater and 8 no color). The percentage of total findings that conformed to IMC 0610\* requirements increased slightly in this quarter from 67 percent to 69 percent, indicating an improving trend. Documenting the bases for significance of findings is still the area that is most in need of improvement.

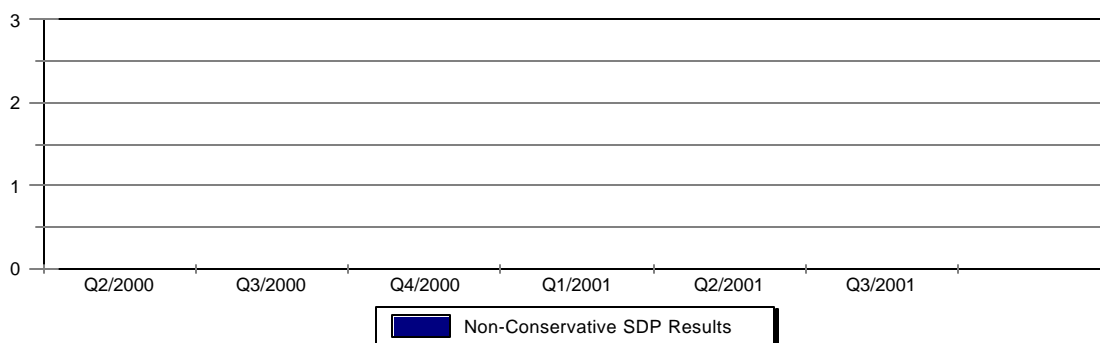
A newly revised version of the inspection reporting manual chapter (renumbered as IMC 0612) will be issued for use in 2002. The revision more clearly describes and illustrates how to properly document findings.

**SDP-3      The SDP Focuses NRC and Licensee Attention on Significant Safety Issues.**

**Definition:**      Each quarter audit a representative sample of reported green inspection findings against the standard criteria set forth in IMC 0609.

**Criteria:**      The target goal is zero instances of improper or inadequate reporting from the sample. Any inspection findings that are determined not to be conservatively characterized by the SDP will require reevaluation and adjustment of the SDP process.

**Lead:**      DSSA/SPSB (reactor); DIPM/IOLB (non-reactor)



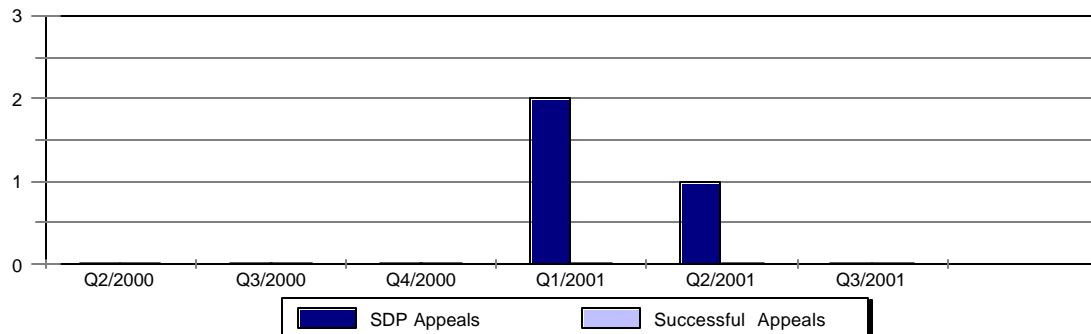
**Analysis:** Since ROP implementation, no examples of non-conservative inspection findings have been identified during the quarterly reviews of green inspection findings. Performance in this area continues meet established assessment criteria.

**SDP-4 Licensees Accept SDP Results.**

**Definition:** Track the total number of successful appeals of final SDP results reported quarterly by the regions.

**Criteria:** Expect zero appeals of SDP significance that result in a final determination being overturned across all regions.

**Lead:** Regions



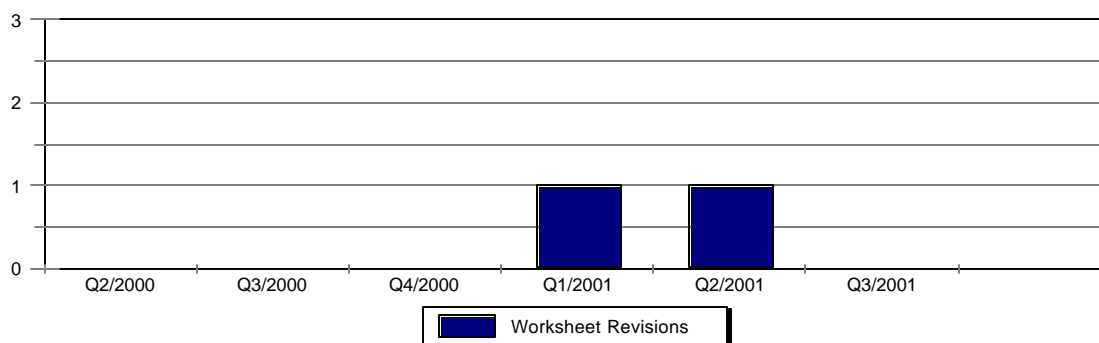
**Analysis:** In the first two quarters of calendar year 2001, licensees submitted a total of three appeals of final SDP results. Two of the three appeals were submitted during Q1/2001 and involved three white emergency preparedness findings at Callaway and two green reactor safety findings at Comanche Peak. The most recent appeal, which was submitted by the licensee for Oyster Creek following final issuance of greater than green results in physical protection, is still ongoing.

**SDP-6      SDP Tools for Evaluating Inspection Findings Reflect Current Plant Design and Licensee Operating Practices.**

**Definition:** Monitor the number of substantive revisions made to the risk-informed inspection notebooks due to non-conservative technical flaws. To do so, track the number of phase 2 inspection notebooks that are issued for use and are subsequently withdrawn following onsite benchmarking activities conducted by SPSB, RES, or the regional staff.

**Criteria:** The target goal is zero notebook retractions because of non-conservative technical flaws following onsite benchmarking.

**Lead:** IIPB



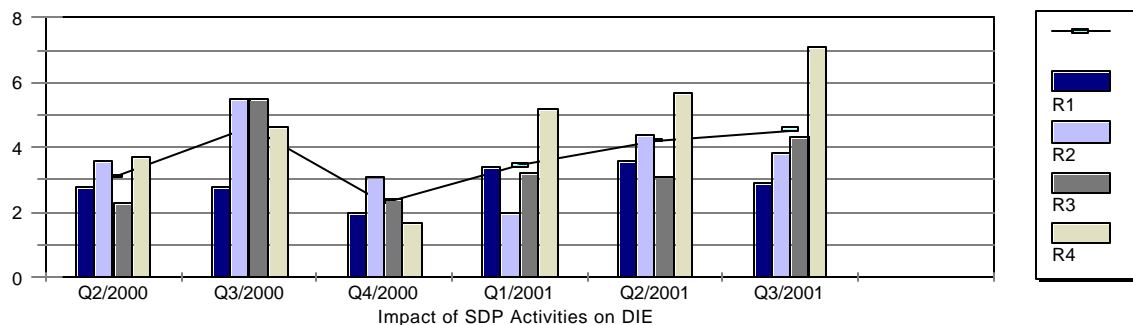
**Analysis:** The risk-informed inspection notebooks for 12 reactor facilities have been validated by benchmarking, which included comparing the notebooks against licensee-developed risk models using similar assumptions. As a result, two original (revision 0) notebooks were retracted and returned to Brookhaven National Laboratories for immediate revision to limit potentially non-conservative outcomes. The retracted notebooks will be reissued once revisions are completed and verified. Performance in this area is not meeting the established assessment criteria standards.

**SDP-8      The Resources (Direct Charges and Support Activities) Expended Are Appropriate to the Benefit (Significance of Issues Identified)**

**Definition:**      Track the percentage of total inspection resource expenditure attributed to SDP activities. Calculate the effort expended by region performing SDP risk evaluations as a percentage of the total regional direct inspection effort. Use RPS IPE codes for SDP processing activities.

**Criteria:**      Total SDP expenditures should not exceed 10 percent of the total regional direct inspection effort (DIE), and should show a decreasing trend over time.

**Lead:**      IIPB



**Analysis:** Although the reported regional expenditures associated with SDP evaluations remain below the target goal, the average SDP evaluation time has increased during the last three calendar quarters. Additional review is warranted to evaluate the causal factors and to ensure that current process improvement strategies include the necessary elements to correct this adverse trend.

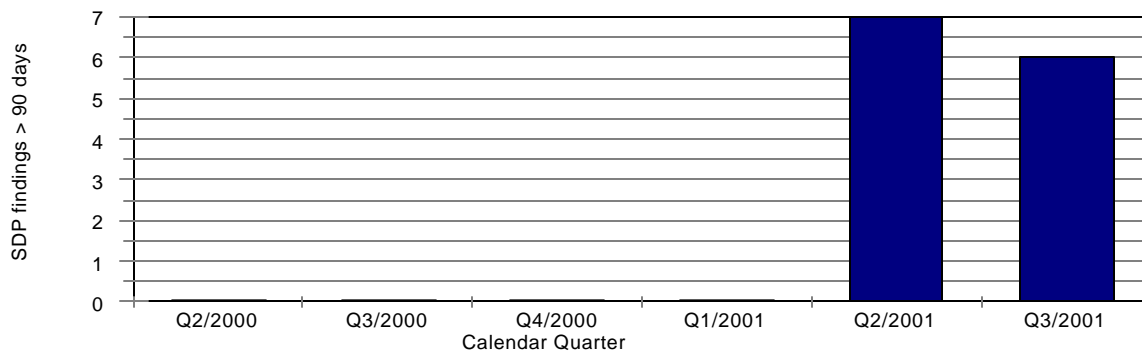
## SDP-10 SDP Timeliness

**Definition:** For each quarter, count the number of inspection findings that are either:

- 1) in the SERP process, were open for any portion of that quarter, and are more than 90 days from the exit meeting date
- 2) received by an NRR technical branch for SDP assistance, and are more than 90 days from the exit meeting date or the date received by that branch, whichever is earlier
- 3) otherwise documented in an inspection report as an unresolved item, were not counted in either of the above categories, and are more than 90 days from the exit meeting date.

**Criteria:** All SDP results that are counted per the criteria above should be finalized within 90 days of the exit meeting.

**Lead:** IIPB



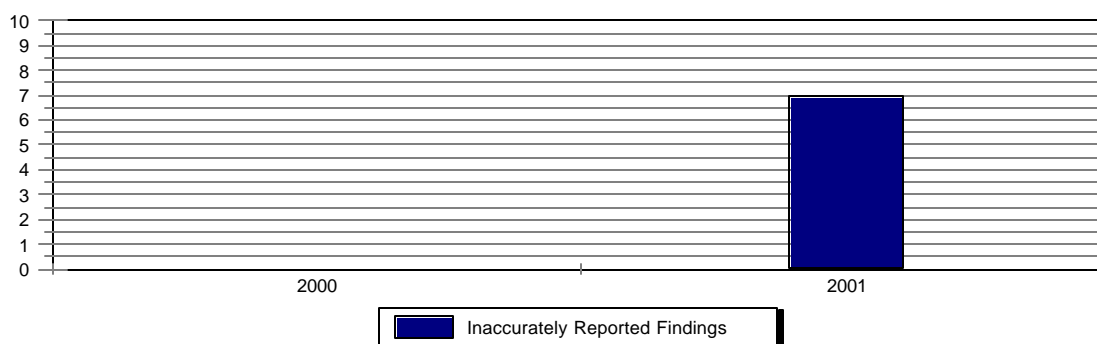
**Analysis:** In response to Commission direction, the staff has adjusted the criteria for measuring SDP timeliness to monitor for final issuance of SDP findings within 90 days. This adjustment to the criteria is included in the SDP timeliness strategies that are currently under review by senior NRC management. During this assessment period three instances of late significance determinations were identified. Performance in this area is not meeting the established assessment criteria.

**SDP-12      SDP Results Are Communicated Accurately to the Public.**

**Definition:** Each calendar quarter, track the number of inspection findings that are inaccurately communicated to the public (color of findings is inaccurately reported), by auditing the inspection findings summary information submitted by the regions in the RPS and included in the ROP Assessment Matrix. The detailed review will include item type, significance characterization, enforcement action status, and text descriptions of greater than green inspection findings prior to release to external stakeholders.

**Criteria:** The target goal is zero inaccuracies. All inaccuracies must be addressed.

**Lead:** IIPB



**Analysis:** During the first quarter of the current assessment cycle, seven instances were identified in which the status of documented inspection findings reported on the NRC's external web site was unclear (i.e., preliminary vs. final) when looking at Assessment Matrix information developed from the reported Plant Issues Matrix (PIM) data. About half of the inaccuracies were preliminarily significant issues that were incorrectly identified in their respective inspection reports by a significance color, which was then entered into the PIM portion of the RPS database and made available on the external web site. The other inaccuracies were the result of improperly updating the PIM entries after a final significance determination was made so the description still identified the issue as preliminarily significant. The regional offices immediately corrected these issues in the PIM to conform with the guidance of IMC 0610\*, and the Assessment Matrix information was subsequently corrected for each facility. The frequency of review of Assessment Matrix information and PIM results has been increased from annually to quarterly. Performance in this area is not meeting the established assessment criteria standard.

**AS-1 (OA1a) Subjective Judgment Is Minimized and Is Not a Central Feature of the Process. Actions Are Determined by Quantifiable Assessment Inputs (Examine PIs and SDP Results)**

**Definition:** Audit all assessment-related letters and count the number of deviations from the Action Matrix.

**Criteria:** Expect few deviations, with a declining trend.

**Lead:** IIPB

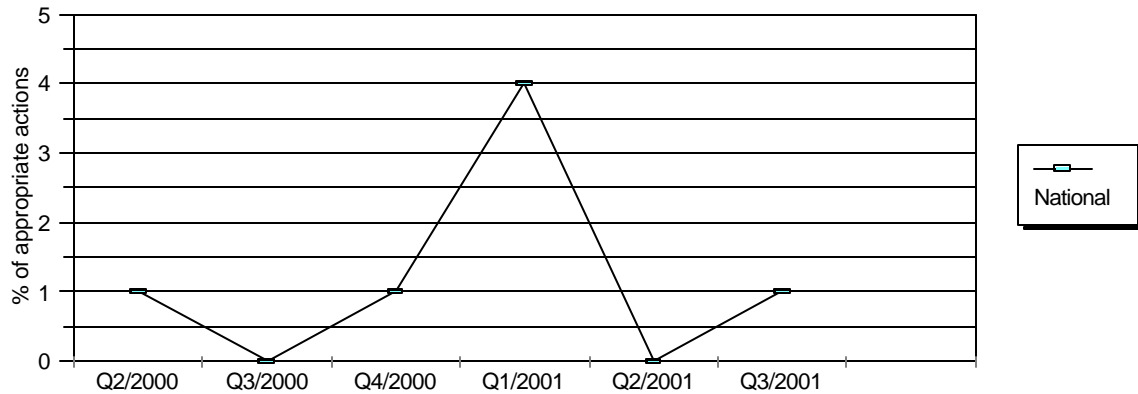
**Analysis:** There were no deviations from the Action Matrix during the first three calendar quarters of 2001.

**AS-2 (OA2a) The Program Is Well-defined Enough to Be Consistently Implemented**

**Definition:** Audit all assessment letters and assessment follow-up letters. Count the number of significant departures from requirements in IMCs 0305 and 0350. Timeliness goals are counted in metric AS-5.

**Criteria:** Few departures, steady or declining trend.

**Lead:** IIPB



**Analysis:** One assessment follow-up letter for a plant in the Regulatory Response Column of the Action Matrix in 3Q/2001 was signed by the regional branch chief instead of the division director.

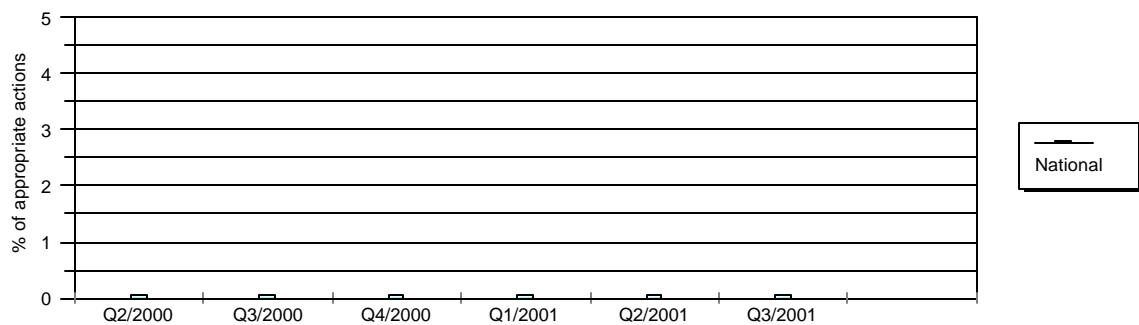
Four assessment follow-up letters for plants in the Regulatory Response Column of the Action Matrix in 1Q/2001 were signed by the regional branch chief instead of the division director. The revision to IMC 0305 dated March 23, 2001, clarified the guidance on signature authority for all assessment letters.

**AS-3 (RA1a) Actions Taken Are Commensurate with the Risk of the Issue and Overall Plant Risk**

**Definition:** Review actions taken for greater than green findings and performance. Track the number of actions (or lack of actions) taken by the regions that are not appropriate for the significance of the issues, based on inputs from PIs and inspection findings, and compared to the Action Matrix.

**Criteria:** Expect few departures, with a steady or declining trend.

**Lead:** IIPB



**Analysis:** All actions taken by the regional offices were consistent with the Action Matrix during the first three calendar quarters of 2001.

**AS-4 (PA2d)    The Number And Scope of Additional Actions Recommended as a Result of The Agency Action Review Meeting (AARM) Beyond Those Actions Already Taken Are Limited**

**Definition:**     Review the results of the Agency Action Review Meeting (AARM).

**Criteria:**        The AARM should recommend few additional actions, with a steady or declining trend from the first-year benchmark.

**Lead:**             IIPB

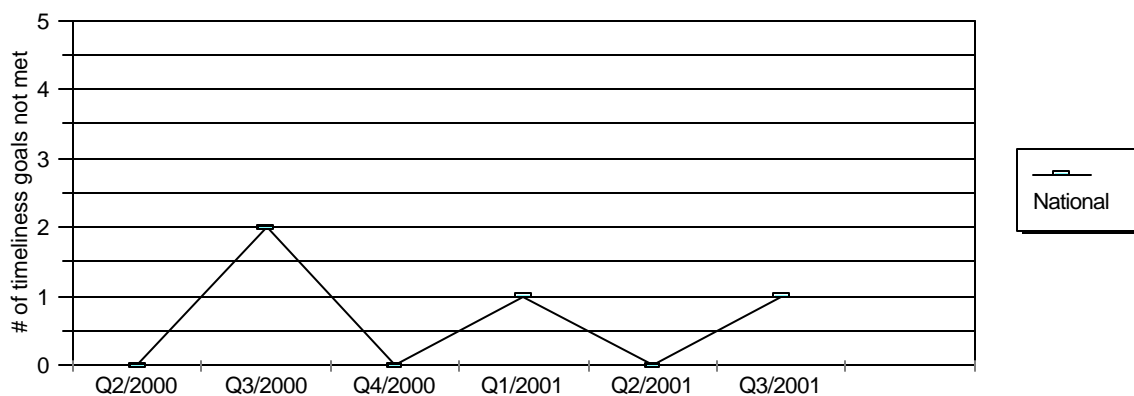
**Analysis:** The first AARM was held on June 27–28, 2001, in Atlanta, Georgia. The participants confirmed the appropriateness of agency actions for those plants discussed. The participants did not recommend any additional actions, beyond those already taken or planned.

**AS-5 (PA3a) Assessment Program Results (Assessment Reviews, Assessment Letters and Public Meetings) Are Completed in a Timely Manner**

**Definition:** Track the number of instances in which timeliness goals established in IMC 0305 were not met. The regions will collect timeliness data for the conduct of quarterly reviews (within 5 weeks after end of quarter); mid-cycle, and end-of-cycle reviews (within 6 weeks after end of quarter); issuance of assessment letters (within 2 weeks after quarterly review, 3 weeks after mid-cycle and end-of-cycle reviews); assessment followup letters (on or before the next quarterly review); and public meetings (within 16 weeks of end of assessment period).

**Criteria:** Expect few instances in which timeliness goals were not met, with a steady or declining trend from the first-year benchmark.

**Lead:** Regions



**Analysis:** Q3/2001: One of the three assessment follow-up letters did not meet the established timeliness goals.

Q2/2001: All of the 66 annual assessment letters met timeliness goals.

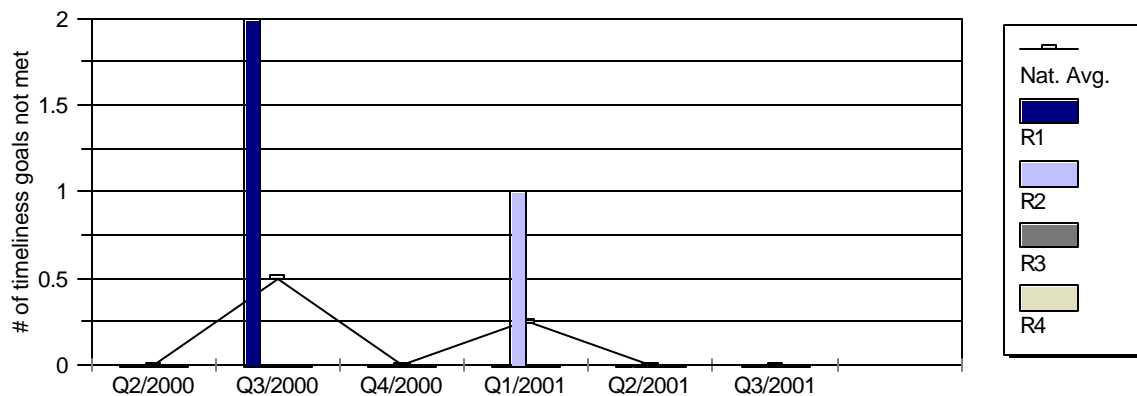
Q1/2001: One of the six assessment followup letters did not meet the established timeliness goals.

**AS-6 (PA3b) The Web Posting and Availability via ADAMS of Assessment Letters Is Timely**

**Definition:** Review the posting of letters to the NRC's external Web site and availability in ADAMS and compare to the timeliness goals. Record the number of letters not available in ADAMS and number of letters not posted to the Web site within goals.

**Criteria:** IIPB posts assessment letters to the NRC's external Web site using the electronic version in ADAMS within 10 weeks after the end of mid-cycle and end-of-cycle assessment periods and 8 weeks after the end of intervening quarters.

**Lead:** IIPB



**Analysis:** Q3/2001: assessment letters were not posted to the web due to the terrorist attacks on September 11, 2001.

Q2/2001: All of the 66 annual assessment letters were posted to the web within timeliness guidelines.

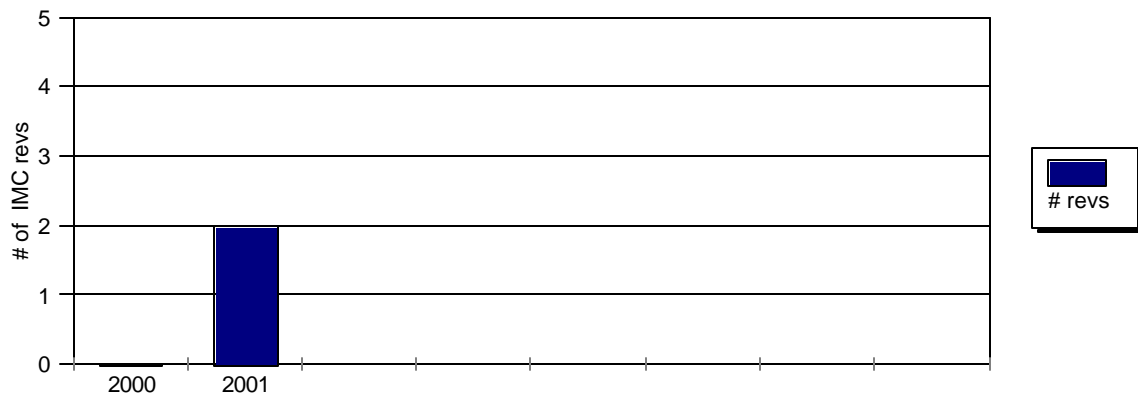
Q1/2001: Only one of six assessment followup letters issued during this calendar quarter was posted to the web beyond the timeliness guidelines.

**AS-7 (PA4a) Assessment Program Procedures Are Stable Enough to Be Perceived as Predictable**

**Definition:** Count the number of revisions to IMCs 0305 and 0350.

**Criteria:** Expect few revisions, with a steady or declining trend from the first-year benchmark.

**Lead:** IIPB



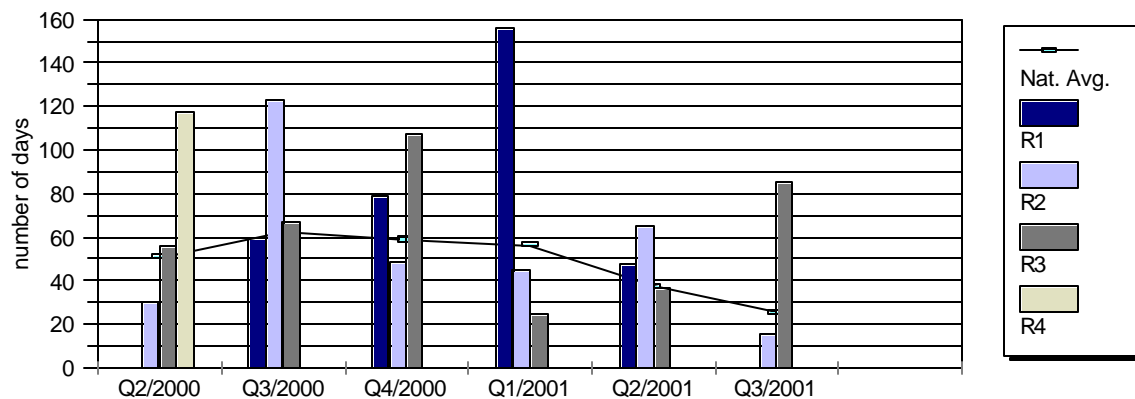
**Analysis:** During calendar year 2001, there was one revision to IMC 0350, "Oversight of Operating Reactor in a Shutdown Condition with Performance Problems," and one revision to IMC 0305, "Operating Reactor Assessment Program." Additionally, another revision to IMC 0305 was issued in early 2002, which will be counted in the first quarter of 2002.

## AS-8 (MA2a) The NRC's Response to Performance Issues Is Timely

**Definition:** Count the number of days between issuance of an assessment letter discussing an issue of more than very low safety significance and completion of the supplemental inspection (by exit meeting date, not issuance of the inspection report).

**Criteria:** The time should stay steady or decrease when compared to the benchmarking data (first few years of the ROP).

**Lead:** Regions



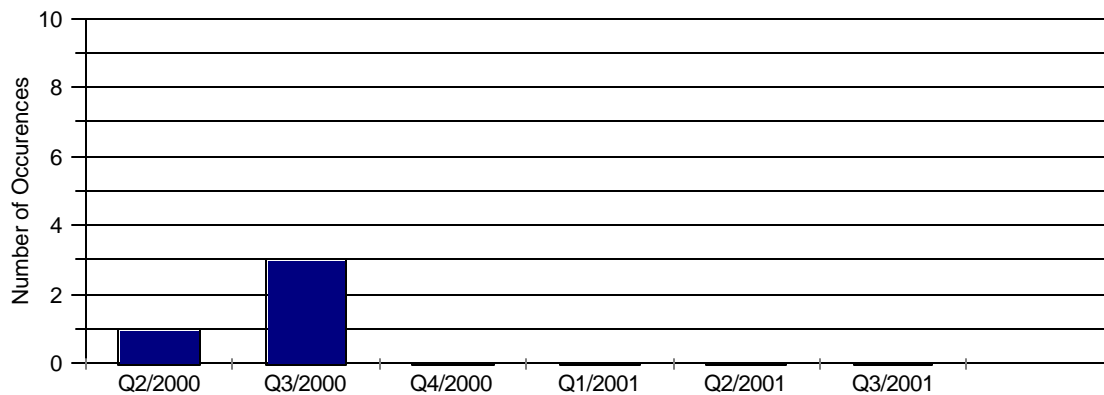
**Analysis:** Baseline data for this metric are still being collected. However, data collected to date indicate a positive short-term trend regarding the elapsed time between the issuance of an assessment letter and the completion of the corresponding supplemental inspection.

**AS-11 Degradations in Plant Performance, as Measured in the Action Matrix, Is Gradual and Allows Adequate Agency Engagement of the Licensees**

**Definition:** Track the number of instances each quarter in which plants move more than one column to the right in the Action Matrix (as indicated on the Action Matrix Summary).

**Criteria:** Expect few instances in which plant performance causes a plant to move more than one column to the right in the Action Matrix. Provide a qualitative explanation of each instance in which this occurs. Expect a steady or declining trend from the first-year benchmark.

**Lead:** IIPB



**Analysis:** During the first three quarters of calendar year 2001, there were no instances in which a plant moved more than one column to the right in the Action Matrix.